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Application Number	09/780,901
Filing Date	February 9, 2001
First Named Inventor	Boehm, Charlene A.
Art Unit	1631
Examiner Name	Marschel, Ardin H.
Attorney Docket Number	46607-248194

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.

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Individual Name: **Boehm, Charlene A.**Address: **320 Gilbert Rd.**City: **Columbus** State: **NC** Zip: **28722**Country: **USA**Telephone: **828-863-4317** Fax:

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Signature: **Charlene A. Boehm**Name: **Charlene A. Boehm**Date: **November 22, 2004**Telephone: **828-863-4317**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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